

NOTE CONCERNING GENERAL ORDER 2-34, COMMUNICABLE DISEASES

Sections VII.A and B of General Order 2-34 concern a department's handling of employees who may become infected with a communicable disease in the line of duty. As this order is written, departments may require employees to submit to testing after an accident has occurred in which an employee was bitten, cut, injured, or otherwise came into contact with body fluids of another person. Note that the order presumes that the department's health care insurer may require such testing. Law-enforcement executives should understand, however, that the legality of such a requirement--that employees must undergo testing following an incident--is open to question. Executives must review, with competent legal help, the provision of their health care contract to decide whether or not they have the authority to order employees to submit to tests for communicable diseases.

Similarly, Section V.H.12 requires officers, before releasing a crime scene to the owner of the property, to advise the owner of an infection risk and request that the owner contact the local health department for advice. Some law-enforcement executives may feel that this provision as written may not go far enough to ensure that the owner does not become infected from fluids or materials left at the scene. Executives, then, should modify this provision to suit their own notions of appropriateness. At a minimum, however, officers should always advise property owners or occupiers of the health risks.

The federal government requires many states, including Virginia, to enact laws outlining requirements for minimizing employees' occupational exposure to bloodborne pathogens. The 1991 regulations, published by the Occupational Safety and Health Administration (OSHA) require law-enforcement managers, among others, to limit occupational exposure to blood and other fluids or materials that might aid the transmission of pathogens which cause disease or death. The regulations cover *all employees who could be "reasonably anticipated"* to come into contact with blood or other infectious materials. "Infectious materials" includes, for policy purposes, virtually any body fluid. To comply, law-enforcement executives must undertake the following:

1. Develop a written exposure control plan. The plan must identify not only tasks and procedures but also job positions where occupational exposure to blood occurs, *without* regard to protective equipment or clothing. The plan must also include a schedule for implementing other provisions of the OSHA standard, and describe procedures for evaluating exposure incidents. The plan must be made available to employees--though not necessarily included in a policy--and it should be reviewed and updated at least annually.
2. Develop universal precautions. Universal precautions refer to treating all body fluids and associated materials as potentially infectious. Workplace controls should be articulated and implemented. Such controls include a requirement that employees wash hands, for example, when exposed to fluids. These controls should set forth procedures to require employees to undertake certain measures to minimize infection risks, such as when punctured with needles, splashed with blood, as well as to ensure proper packaging and labeling of fluids and related materials. *Employers must provide appropriate facilities for employees to exercise these controls.*

3. Provide employees with personal protective equipment, at no cost, including gloves, masks, mouthpieces, and bags.
4. Develop a written schedule for cleaning and decontamination of equipment, specifying procedures to be followed upon contact with fluids or blood.
5. Provide vaccinations, at no cost to employees, against hepatitis B. The vaccinations must be made available to all employees who have occupational exposure to blood within 10 working days of assignment. Employees who refuse this service must sign a declination form, but may later opt to receive the vaccination.
6. Specify procedures to be made available to all employees who have had an exposure incident with the further proviso that any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. The follow-up must include a confidential medical evaluation documenting the circumstances of the exposure, identifying and testing the source person, if available, plus testing of the employee's blood if he or she consents, and counseling and evaluation of any reported illnesses.
7. Affix warning labels or biohazard symbols to any containers or waste involving body fluids or associated materials.
8. Provide training initially upon assignment of personnel, and at least annually on bloodborne pathogens. The training must include making accessible a copy of the OSHA regulations, and explanation of them, discussion of bloodborne diseases and their transmission, the exposure control plan, workplace controls, personal protective equipment, exposure procedures, hepatitis B vaccinations, and labeling of materials. The training must include a question-answer session.
9. Maintain medical records for each employee with occupational exposure for the duration of their employment plus 30 years. The files must be strictly confidential and must include name, Social Security number, hepatitis B vaccination status (including dates), a copy of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional for evaluation. Further, medical records must be made available to the subject employee. Training records must also be kept for a minimum of three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all employees attending the sessions.

[Most of the above information on the OSHA regulations comes from "Occupational Exposure to Bloodborne Pathogens; Final Rule--1910.1030, as adopted by the Virginia Occupational Safety and Health Codes Board, February 25, 1992.]

| POLICE/SHERIFF'S DEPARTMENT | | GENERAL ORDERS | |
|--|--|--|--|
| SUBJECT: Communicable Diseases | | NUMBER: 2-34 | |
| EFFECTIVE DATE: <i>DRAFT</i> | | REVIEW DATE: | |
| AMENDS/SUPERSEDES: GO 2-34, issued 10/93 | | APPROVED: _____ Chief of Police/Sheriff | |
| CALEA STANDARDS: 22.2.3, 22.2.4-5, 22.2.8 | | VLEPSC STANDARDS: PER.10.01, OPR.08.04 | |

NOTE

This order is for internal use only, and does not enlarge an officer's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third-party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

INDEX WORDS

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 Acquired Immune Deficiency Syndrome
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 Occupational exposure
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I. POLICY

The department bears an obligation to the public and to its own personnel to increase awareness about risks, modes of transmission, and procedures for handling communicable diseases such as hepatitis B, tuberculosis, HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), and AIDS-related infections. Although, of the diseases mentioned, AIDS has received the most notoriety, all present hazards to law-enforcement officers: hepatitis B and tuberculosis are more infectious than HIV, for example.

All personnel must understand that the focus of the news media on AIDS has dealt with so-called "high risk" groups, i.e., homosexual men, intravenous drug users, and prostitutes. As a matter of practice, the department does not recognize high-risk groups since health and legal experts maintain that the actual risk of contagion comes from high-risk **behavior**. Anyone--including members of the department--might conceivably behave in a way that promotes risk of infection. Further, the long incubation periods associated with diseases such as HIV (years) render testing difficult. Accordingly, officers shall act responsibly in minimizing the risk of infection when dealing with **any** person, male or female, child or adult, or with **any** body fluids. A few simple precautions, however, will avoid the risk of infection almost entirely. The appendix to this general order details common AIDS concerns of personnel plus relevant medical information.

Officers cannot refuse to work with or handle anyone--victim, complainant, or suspect--because of the officer's fears of possible infection. Personnel shall not refuse to arrest or otherwise refuse to handle any person in a legitimate law-enforcement context, provided that appropriate protective equipment is available. The measures provided herein will assist officers in carrying out their duties while simultaneously minimizing health risks.

The most likely danger from contact with HIV or other communicable diseases comes from handling blood or other body fluids as evidence or at the scene of injury or death. The department does expect officers to exercise caution when handling evidence, to which end the following procedures are set forth. One point bears repeating, however: officers have **no way** to determine with certainty if a citizen is infected with a communicable disease.

The department shall provide employees, continuously, with information and education on prevention of communicable diseases, as well as safety equipment and procedures to minimize their risks of exposure. The department has instituted post-exposure reporting, evaluation, and treatment for all members exposed to communicable diseases.

Finally, the department advises all personnel that they shall not receive discriminatory treatment nor bear any stigma if they contract a communicable disease which becomes known to the department. Legally, a communicable disease **is** a handicap under federal law so discrimination against infected persons is illegal.

The department expects officers to become educators in their law-enforcement work. Officers can advise children, drug users, or prostitutes of the risks of infection and can

further distribute educational literature. Additionally, officers may refer citizens to health agencies such as the American Red Cross and the local health department. Department personnel, then, may set an example in demonstrating rationality and confidence in dealing with communicable diseases.

II. PURPOSE

The purpose of this order is to establish guidelines and procedures to be followed when a member of the department is exposed to a communicable disease with a risk of major illness or death, and for handling of evidence or property that may be contaminated.

III. DEFINITIONS

A. Communicable disease

An infectious disease capable of being passed to another by contact with an infected person or his/her body fluids or on an object.

B. HIV (Human Immunodeficiency Virus)

The virus that causes AIDS. HIV infects and destroys certain white blood cells, undermining the body's ability to combat infection. (Also named HTLV-III or LAV). Technically speaking, this general order aims to reduce the chance of HIV transmission, the virus that causes AIDS. HIV is transmitted through very specific body fluids, including blood, semen, vaginal fluids, and breast milk.

C. ARC (AIDS-Related Complex)

A condition caused by the aids virus (HIV) and has a specific set of symptoms. Such symptoms include persistent fever, weight loss, skin rashes, diarrhea, and swollen lymph nodes. Although these symptoms may be debilitating, they are generally not life-threatening.

D. AIDS (Acquired Immune Deficiency Syndrome)

A bloodborne and sexually-transmitted disease that attacks and destroys the body's immune system. It makes people susceptible to infections, malignancies, and diseases not generally life-threatening to persons with normal immune systems. AIDS also causes disorders of the central nervous system. There is no vaccine against the virus. Personnel are advised that AIDS is **not** transmitted through any of the following (according to the Centers for Disease Control):

1. Sneezing, coughing, spitting.

2. Handshakes, hugging, or other nonsexual physical contact.
3. Toilet seats, bathtubs, or showers.
4. Various utensils, dishes, or linens used by persons with AIDS.
5. Articles worn or handled by persons with AIDS, i.e., doorknobs, pens, or cups.
6. Being near someone with AIDS frequently or over a long period of time.
7. Riding the same transportation.
8. Eating in the same public place with an AIDS-infected person.
9. Working in the same office.

E. Seropositivity

Refers to a person having antibodies to HIV, meaning that infection has occurred at some time in the past. A seropositive person can be infected with HIV for years without ever developing symptoms of AIDS. Infected persons can transmit the virus even though they may not have symptoms of AIDS.

F. Hepatitis B (HBV)

A viral infection that can result in jaundice, cirrhosis, and, sometimes, cancer of the liver. The virus is transmitted through exposure to blood, semen, vaginal secretions, breast milk, and possibly saliva. Two vaccines are currently available against hepatitis B [Recombivax (synthetic) or Heptivax (serum derived)].

G. Tuberculosis

A bacterial disease that can be transmitted through saliva, urine, blood, and other body fluids by persons infected with it. Tuberculosis is spread **primarily** by inhaling airborne droplets from infected coughing people. It can enter the body through infected mucous on the skin (as from coughing or sneezing) or from droplets that are inhaled. It is an airborne, opportunistic disease and it primarily causes lung infection. Although no vaccine against tuberculosis exists, medications are available to treat the disease.

H. Exposure control program

A written agency plan, available to all employees, which details the steps taken to eliminate or minimize exposure incidents, and identifies at-risk tasks and assignments.

I. Personal protective equipment (PPE)

Specialized clothing or equipment worn or used by employees for protection against infection. PPE does not include uniforms or work clothes without special protective qualities.

J. Universal precautions

Controls or procedures advised by the Centers for Disease Control (CDC) that emphasize precautions based on the assumption that blood and body fluids are potentially infectious.

IV. GENERAL RESPONSIBILITIES

A. The chief of police/sheriff shall develop a written exposure control plan which provides the overall strategy for limiting exposure to HIV and HBV viruses, and for handling exposure incidents. The plan is available to all employees and may be reviewed upon request to their immediate supervisor.

1. The plan adheres to the principles and procedures for the prevention of HIV and HBV exposure as detailed in the universal precautions prescribed by the CDC plus other federal agencies.

2. All employees, and supervisors particularly, are responsible for the maintenance of a clean, sanitary workplace, and shall inspect workplaces daily to ensure that these conditions are met.

a. All supervisors shall develop and implement written schedules for cleaning and decontamination of equipment and workplaces.

B. The chief of police/sheriff shall ensure that adequate supplies are available for communicable disease control within the department. Supervisors are responsible for maintaining continuously an adequate supply of disease control supplies for all affected personnel within their purview. Further, supervisors must ensure that:

1. Personal protective equipment (PPE) can be found in sufficient quantities at advertised locations.

2. Hypoallergenic gloves and other materials are available for employees allergic to standard-issue gear.

3. Supplies are routinely inspected, replaced, cleaned.
 4. First Aid supplies and disinfectants are available always.
- C. The chief of police/sheriff, through his or her subordinate supervisors, shall ensure that the department vehicles will each contain the following PPE supplies at all times:
- 3 pairs of disposable latex gloves
 - 1 pair leather gloves
 - 1 disposable face mask
 - 6 absorbent disposable towels
 - 3 disposable plastic bags with contaminated material seals
 - 1 bottle of alcohol-based cleanser
 - 1 CPR shield (with a 1-way valve to prevent the patient's saliva from entering the caregiver's mouth)
 - 1 pair of wrap-around safety goggles
 - 1 carrying bag with zipper closure
 - 1 pair disposable shoe coverings
 - 2 puncture-resistant, leakproof containers for needles and other sharp objects
 - 1 box of waterproof bandages
 - "Isolation Area--Do Not Enter" signs
- D. Officers using supplies in their vehicles shall replace them or arrange to have them replaced as soon as possible. **Officers shall maintain disposable gloves in their personal possession at all times.**
- E. The chief of police/sheriff or his designee shall cause to be maintained at the department office the following:
- 3 pair coveralls (different sizes)
 - supply of disposable latex gloves
 - orange/red plastic biohazard bags and tape, or plastic bags and sealing ties
 - liquid household bleach
 - disposable towels/towelettes
 - "Isolation Area - Do Not Enter" signs
 - buckets, mops
- F. Personnel shall use protective equipment under all appropriate circumstances unless the officer can justify otherwise.

1. Officers who, for whatever reason, do not use protective gear when appropriate shall document the incident as soon as practicable for department review.
- G. All personnel whose skin comes into contact with body fluids of another shall begin disinfection procedures immediately: these procedures range from simple soap-and-water washing to the use of alcohol or antiseptic towelettes. All open cuts and abrasions shall be covered with waterproof bandages before personnel report for duty.

V. GENERAL PRECAUTIONS

A. General

Whenever possible, officers shall wear disposable latex gloves when doing any of the following:

1. Handling persons or items with any blood or body fluid products (hypodermic needles, syringes, or surfaces soiled with blood or body fluids, gun or knife wounds).
2. Packaging and handling such items as evidence.
3. Cleaning up blood or other secretions which appear on floors, seats, equipment, handcuffs, shoes, clothing, pens, pencils, etc.

B. Specialized devices

1. Masks shall be worn whenever splashes, spray, spatter, or droplets of potentially infectious fluids endanger contamination through the eyes, nose, or mouth. Masks may be worn with other protective devices such as goggles.
2. Gowns, jackets, coats, aprons shall be worn as determined by the degree of exposure anticipated.

C. Handling people

1. Wash hands thoroughly for thirty seconds with warm water and soap after removing gloves (when handling evidence) or after contact with the subject (if bleeding or vomiting). If water is unavailable, use pre-moistened towelettes found in the communicable disease control kit to decontaminate skin.

2. Leather gloves or their equivalent shall be worn when searching persons or dealing in environments, such as accident scenes, where sharp objects and bodily fluids may reasonably be encountered. Search techniques shall be used that require suspects to empty their own pockets or purses and remove sharp objects from their persons. Remember: *Never put your hands where your eyes cannot see.*
3. When transporting prisoners
 - a. Do not put fingers in or near any person's mouth.
 - b. Transport persons with body fluids on their persons in separate vehicles from other persons. A person who is bleeding or producing a fluid may have to wear a protective covering.
 - c. Notify other support personnel or law-enforcement officers during a transfer of custody that the suspect has fluids on his or her person, or that the suspect has stated that he or she has a communicable disease. Booking forms should so state.

D. Handling objects

1. Objects contaminated with body fluids shall be completely dried, double bagged, and marked to identify possible disease contamination.
2. Contaminated items to be disposed of shall be autoclaved.
 - a. To autoclave, items must be treated in special (biohazard) bags at a high temperature. Local laboratories or hospitals can assist.
 - b. Before burning, the bags must be closed with autoclave tape, which turns purple when the microbes are dead.
3. Officers shall use extra care when handling any sharp objects. If officers find syringes, they shall not bend, recap, or otherwise manipulate the needle in any way, but shall place them in puncture-resistant containers provided by the department.

E. Handling fluids

1. Clean up blood spills or other body fluids with regular household bleach diluted 1 part bleach to 10 parts water (or use undiluted bleach, if easier). Bleach dilutions should be prepared at least every 24 hours to retain effectiveness.

- a. Wear latex gloves during this procedure.
 - b. A soiled uniform (by blood or body fluids) should be changed as soon as possible. Wash in hot water and detergent or dispose of after autoclaving.
2. Departmental vehicles within which body fluids are spilled require immediate disinfection procedures. Employees who have the vehicles assigned to them shall notify their supervisor of the spill and arrange for a thorough cleaning as soon as possible. Affected vehicles should bear an "Infectious Disease Contamination" sign upon arrival at a service center and while awaiting disinfection.
 - a. All police vehicles will be cleaned with disinfectant as part of a routine, scheduled washing and maintenance check.

F. Precautions when bitten

The danger of infection through bites is low. The victim cannot be infected with HIV through the blood of the biting person unless that person has blood in his or her mouth which comes into contact with the victim's blood. HIV cannot be transmitted through saliva. With HBV, however, transmission takes place through infected blood or blood-derived body fluids. Infection takes place by exposure of the eyes, mouth, or mucous membranes to the virus. Precautionary procedures to minimize the risk of infection include:

1. Encouraging the wound to bleed by applying pressure and gently "milking" the wound.
2. Washing the area thoroughly with soap and hot running water.
3. Seeking medical attention at the nearest hospital (if the skin is broken).
4. Advising your supervisor, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Worker's Compensation forms.

G. Precautions when punctured by needles or knives

If an officer is cut or punctured by a needle or a knife or other instrument while searching a suspect or handling contaminated evidence, follow these general guidelines:

1. Allow the wound to bleed (unless severe bleeding occurs) until all flow ceases. Then cleanse the wound with alcohol-based cleanser (or pre-moistened towelettes) and then with soap and water. Do not rely exclusively on towelettes: wash wounds thoroughly with soap and water.
2. Seek medical attention as soon as possible after the injury. A physician will then decide the proper treatment.
3. Advise your supervisor, make a report, or follow any other policy for reporting injuries, including the filing of appropriate Worker's Compensation forms.

H. Precautions at major crime scenes

At the crime scene, officers and crime scene technicians confront unusual hazards, especially when the crime scene involves violent behavior such as homicides where large amounts of blood have been shed.

1. No person at any crime scene shall eat, drink, smoke, or apply make-up.
2. The best protection is to wear disposable latex gloves. Any person with a cut, abrasion, or any other break in the skin on the hands should never handle blood or other body fluids without protection. **Officers shall carry latex gloves on their persons at all times.**
3. Latex gloves should be changed when they become torn or heavily soiled or if an officer leaves the crime scene (even temporarily).
4. If cotton gloves are worn when working with items having potential latent fingerprint value, wear cotton gloves over latex gloves.
5. Hands should be washed after gloves are removed, even if the gloves appear to be intact. Officers shall take care to avoid contact between skin and soiled gloves.
6. Always keep a plastic bag in the communicable disease control kit to be used only to collect contaminated items (gloves, masks, etc.) until they can be disposed of properly. Clearly mark the bag "Contaminated Material."
7. Shoes and boots can become contaminated with blood. Wash with soap and water when leaving the crime scene, or use protective disposable shoe coverings.

8. Wrap-around eye safety goggles and face masks should be worn when the possibility exists that dried or liquid particles of body fluids may strike the face. Particles of dried blood, when scraped, fly in many directions, so wear goggles and masks when removing the stain for laboratory analysis.
9. While processing the crime scene, be constantly on the alert for sharp objects, such as hypodermic needles, razors, knives, broken glass, nails, etc. Use of mirrors may be appropriate while looking under car seats, beds, etc.
10. Use tape--never metal staples--when packaging evidence.
11. If practicable, use only disposable items at a crime scene where blood or other body fluids are present. Even those items (gloves, masks, shoe coverings, pens, pencils, etc.) must be decontaminated before disposal. If autoclaving is not possible contaminated items must be covered with a bleach solution (one part bleach to ten parts water, or undiluted bleach).
12. Before releasing the crime scene, advise the owner of the potential infection risk and suggest that the owner contact the local health department for advice.
13. Warning labels must be placed on all plastic evidence bags to go to the crime laboratory.

VI. VACCINATIONS

- A. The department affords all employees who have occupational exposure to hepatitis B the opportunity to take the HBV vaccination series at no cost within 10 working days of assignment to an occupationally exposed duty. The vaccination shall be provided only after the employee has received departmental training in communicable diseases, is medically fit for the vaccinations, and has not previously received them.

VII. OCCUPATIONAL EXPOSURE TO COMMUNICABLE DISEASES

A. Notification

1. As soon as practicable, all employees shall document possible exposure to infectious fluids or materials. In any case, employees shall immediately notify their supervisor of possible exposure. *Virginia Code* § 32.1-45.2 requires public safety employees to immediately notify their agencies of any "possible exposure prone incident."
2. Examples of such exposure include:

- a. Direct contact with body fluids on chapped or open areas (cuts, scratches) on the skin or on mucous membranes (i.e., eyes, mouth).
- b. Direct mouth-to-mouth resuscitation (CPR) without use of a one-way valve.
- c. Receiving a cut or puncture wound as a result of searching or arresting a suspect or handling contaminated evidence.

B. Testing

If a member of the department is exposed to the body fluids of a person who has or is suspected to have a communicable disease, the member must be evaluated for evidence of infection by the department physician.

- 1. The person whose body fluids came into contact with an officer may state that he or she has AIDS. Often, a person may try to prevent police from withdrawing blood for drug screening (as in a DUI arrest), although, in fact, he or she is not infected at all. While the department cannot coerce a citizen-suspect or otherwise--to take periodic tests for infection, the department shall try to convince the citizen who may have transmitted infection to do so.
 - a. § 32.1-45.2 states that if any person or employee has been exposed to body fluids, the person or employee whose fluids were involved will be requested by the agency to consent to HBV or HIV testing and disclosure of results. The general district court can order a citizen to be tested after an exposure incident.
 - b. § 18.2-62 provides measures whereby a person charged with any crime involving sexual assault, or particular offenses against children, may be ordered to submit to HIV testing.
- 2. Personnel should understand the difficulty of transmitting HIV and hepatitis B. If infection control measures have been followed, the risk is very low.

C. Testing for presence of infection shall be done if indicated by a medical assessment (after an incident involving the possible transfer of blood or other body fluids). The following information details testing methods and their reliability.

1. AIDS/ARC/HIV

- a. Blood tests can detect HIV antibodies (produced by the body's immune system).

- b. The two common tests for HIV antibodies are the ELISA (Enzyme-Linked Immunosorbent Assay) and the Western Blot. Since the ELISA is less expensive and easier to perform, it is usually used as a first screen for HIV. If the ELISA identifies the person as seropositive, a second ELISA is performed. If the second test is also positive, a Western Blot is usually performed to confirm the results.
- c. Since HIV antibodies may not develop for some months after a person has been infected, an initial negative result may not mean freedom from infection. Typically, three to six months elapse following an infection for a positive reaction to occur. High false positive rates also occur with the use of only ELISA test.
- d. One must be tested, then, immediately following the incident (for a baseline) and then six and twelve months later.
- e. The department shall ensure that the employee receives qualified counseling during the testing period.
- f. The Virginia State Public Health Department provides free confidential or anonymous testing (both ELISA and Western Blot) in every health district. The results are given only to the person tested. State law, under §§ 32.1-36.1, provides confidentiality and prescribes a penalty.

2. Hepatitis B

A blood test can confirm the presence of hepatitis B virus six to eight weeks after exposure. Note that different tests exist for hepatitis B depending on the reason for testing. See Section VI above.

3. Tuberculosis

This disease is detected first by a skin test, then confirmed by an x-ray. The department physician can order this test for the department employee. (Some local health departments may do the test.)

D. Confidentiality

Confidentiality of information concerning test results is paramount. The victim has a right to privacy in employer-maintained information about his/her health. No need exists for a supervisor routinely to know that a person tests positive (for HIV or hepatitis B). The department views a breach of confidentiality as a serious disciplinary problem which may result in suspension or termination of employment.

1. Under most circumstances, medical authorities will retain confidential records unless the employee tested requests it or state law requires it.

E. Positive test results

1. Any person who tests positive for HIV or hepatitis B shall not be summarily removed from duty. The department shall make no restrictions simply because of diagnosis. These diseases are not spread by casual contact (as between coworkers in the department). The department shall alter an employee's assignment only when he or she can no longer perform the required duties.
 - a. The department shall ensure continued testing, if necessary, of members for evidence of infection, and shall provide psychological counseling if necessary.
2. Any person who tests positive for tuberculosis may be restricted from working for a period of time. The medical evaluation will determine the stage and type of disease the person has contracted and if he/she is contagious. A tuberculosis-infected person requires medication and shall not return to work until the doctor says he/she is non-communicable. (Tuberculosis is easily transmitted and its incidence in Virginia has recently shown a slight increase. After exposure to tuberculosis, a person may, after a medical evaluation, take medicine to help prevent the disease.)

F. Job performance

1. Communicable disease: Infected employees shall continue working as long as they maintain acceptable performance and do not pose a safety or health threat to themselves or others in the department.
 - a. Where feasible, an employee who has medical complications from a communicable disease will either be reassigned to another job or have his/her job restructured so that he/she can remain employed. As necessary, medical documentation shall support requests for job restructure or reassignment. All personnel shall treat such employees in the same manner as employees who suffer from other serious diseases or handicaps: that is, fairly, courteously, and with dignity.
 - b. The department may require an employee to be examined by the department physician to determine if he/she is able to perform his/her duties without hazard to him/herself or others.

G. Federal law

Employees infected by communicable diseases are generally protected by the Federal Rehabilitation Act of 1973. (A medical standard that is not job-related constitutes a prohibited personnel practice.)

H. Discrimination

The department expects all personnel to continue working relationships with any fellow employee recognized as having AIDS/ARC, hepatitis B, or non-communicable tuberculosis. The department will consider appropriate corrective or disciplinary action against an employee who threatens or refuses to work with an infected employee or who disrupts the department's mission.

I. Records

The agency maintains a record for each employee detailing incidents of occupational exposure, including information on vaccination status; the results of examinations and tests; health care professionals' written opinion; and any other relevant information. These records are retained by the chief/sheriff in secure storage for the duration of tenure of employment plus 30 years, and **shall not be disclosed or reported without the express written consent of the employee.**

VIII. TRAINING

- A. Education on communicable diseases shall be continuous in the department. The training officer shall ensure that all members of the agency with occupational exposure shall receive a course of instruction on bloodborne diseases before their initial assignment. Further, each affected employee will receive annual refresher training plus any additional training appropriate to the particular employee assignment.
- B. The training officer shall retain complete records on instruction of employees to include dates of training; content of sessions; names and qualifications of trainers; names and job titles of attending employees.
- C. The training officer is responsible for dissemination of updated information to all personnel and for appropriate educational programs about communicable diseases. These programs shall include at a minimum:
 - 1. Written information concerning AIDS/ARC/HIV, hepatitis B, and tuberculosis in the form of brochures, bulletins, memorandums, or fact sheets.

2. Group and/or individual presentations and discussions provided by adequately trained personnel or experts from outside the department.
3. Local resources for further medical and law-enforcement information.
4. For more information, personnel may at any time contact:
 - a. National Hotline for AIDS, 1-800-342-AIDS.
 - b. Virginia AIDS Info Hotline, 1-800-533-4148.
 - c. AIDS Update (Dept. of Health and Human Services),
1-202-245-6867.
 - d. AIDS Clearinghouse (America Responds to AIDS)
1-800-342-7514.
 - e. National Institute of Justice AIDS Clearinghouse, 1-301-251-5500.
 - f. State and local public health department.
 - g. Local American Red Cross.
 - h. Forensic laboratories.
 - i. Vendors

EXAMPLES OF VENDORS

--Gall's (vendor for Communicable Disease Control Kit)

Gall's, Incorporated
333 Murray Drive
Post Office Box 55268
Lexington, KY 40555-5268
1-800-524-4255

--Baxter Healthcare Corporation (vendor for autoclave bags and tape)

Baxter Healthcare Corporation
8855 McGraw Road
Columbia, MD 21045
1-800-638-2813

[Note: The Department of Criminal Justice Services does not endorse the products of either vendor listed. Agencies must find their own sources for medical equipment.]

[Note: In adopting this policy, the department must explore with its insurance company the health benefits plan as it concerns health care services for an employee who contracts a serious communicable disease.]

AIDS-RELATED CONCERNS OF PERSONNEL

| <u>ISSUE</u> | <u>INFORMATION</u> |
|---------------------------------------|---|
| Human Bites | A person who bites is typically the one who gets the blood; viral transmission through saliva is highly unlikely. If bitten by anyone, gently milk wound to make it bleed, wash the area, and seek medical attention. |
| Spitting | Viral transmission through saliva is highly unlikely. |
| Urine/feces | Virus isolated in only very low concentrations in urine; not at all in feces; no cases of AIDS or HIV infection associated with either urine or feces. |
| CPR/first aid | To eliminate the already minimal risk associated with CPR, use masks/airways; avoid blood-to-blood contact by keeping open wounds covered and wearing gloves when in contact with bleeding wounds. |
| Body removal | Observe crime scene rule: do not touch anything; those who must come into contact with blood or other body fluids should wear gloves. |
| Casual contact | No cases of AIDS or HIV infection attributed to casual contact. |
| Any contact with blood or body fluids | Wash thoroughly with soap and water; clean up spills with 1:10 solution of household bleach. |

*Source: Adapted from: AIDS and the Law Enforcement Officer: Concerns and Policy Responses by Theodore M. Hammett, Ph.D., National Institute of Justice, U.S. Department of Justice, June, 1987